

TOBACCO SALES PERMIT CHECKLIST

The Scituate Board of Health regulations Restricting the Sale of Tobacco Products and Nicotine Delivery Products is available on the website: <http://www.scituatema.gov/board-of-health> and a hard copy can be obtained from our office upon request. This form must be initialed and signed by the owner/operator of the establishment applying for a Board of Health Tobacco Sales Permit. **No permit will be issued until this checklist has been initialed and signed.**

1. I have read and I understand all subsections within Scituate's regulations affecting smoking and the sale, vending, and distribution of tobacco. _____
2. I understand that it is against the law to sell cigarettes or any tobacco product to anyone under **twenty one (21)** years of age, regardless of how old the person looks. _____
3. I understand that the Scituate regulation requires anyone selling tobacco to conclusively establish the customer's age. This means that the clerk must ask for, and see identification proving the person is at least **twenty one (21)** years of age. _____
4. I understand that if I am caught selling tobacco to minors, I may be fined up to \$300.00 depending on the number of the offense. _____
5. I understand that if I am caught selling tobacco to minors three times in any 24 month period, my permit may be suspended for 30 consecutive days and I may be called before the Scituate Board of Health to explain why my permit should not be suspended. _____
6. I understand that the Scituate regulation prohibits the sale of single cigarettes (loosies). If I am caught selling single cigarettes, I will be fined. _____
7. I understand that the Scituate regulation prohibits tobacco and/or nicotine delivery products self-service displays.

8. I understand that in order to receive a Tobacco Sales Permit from the Scituate Board of Health, I must enclose a copy of my valid Department of Revenue Tobacco Sales License. _____

By signing this form, I acknowledge that I have read and understand all of the above statements. I further understand that failure to abide by these conditions may jeopardize my tobacco sales permit.

(Name of Business)

(Owner/Operator)

(Date)

(Signature)